## YOUTH CAMP PERSONNEL CHART

PAGE:

CAMP NAME:			DATE:			CERTIFICATION			
ADDRESS:									
CITY, STATE ZIP:				CRIMINAL BACKGROUND RECEIPT		0	LIFEGUARD	SPECIALTY INSTRUCTOR	
☞ PLEASE COMPLETE FOR EACH STAFF MEMBER.						FIRST AID			
NAME	POSITION	AGE	DATE HIRED	DATE	CPR	FIRS	LIFE	SPE( INST	
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